

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  
 Not yet qualified  or  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date qualified as committee

Amendment  
 List I.D. number:  
 # 1387892  
 07/22/2016  
 Date qualified as committee  
 (if applicable)

Termination - See Part 5  
 List I.D. number:  
 # \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of Termination

RECEIVED AND FILED  
 in the office of the Secretary of State  
 of the State of California  
 AUG 17 2016

Date Stamp

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
 Ed Bottorff for City Council 2016

STREET ADDRESS (NO P.O. BOX)  
 106 Sacramento Ave.

CITY STATE ZIP CODE AREA CODE/PHONE  
 Capitola CA 95010 (831)247-8111

MAILING ADDRESS (IF DIFFERENT)  
 PO Box 1361 Capitola, CA 95010

FAX / E-MAIL ADDRESS  
 ebottorff167@yahoo.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Santa Cruz Capitola

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Troy S. Welch Jr.

STREET ADDRESS (NO P.O. BOX)  
 401 Escalona Drive

CITY STATE ZIP CODE AREA CODE/PHONE  
 Capitola CA 95010 (831)332-166

NAME OF ASSISTANT TREASURER, IF ANY  
 Edward A. Bottorff

STREET ADDRESS (NO P.O. BOX)  
 106 Sacramento Ave

CITY STATE ZIP CODE AREA CODE/PHONE  
 Capitola Ca 95010 (831)247-811

NAME OF PRINCIPAL OFFICER(S)  
 Edward A. Bottorff

STREET ADDRESS (NO P.O. BOX)  
 106 Sacramento Ave.

CITY STATE ZIP CODE AREA CODE/PHONE  
 Capitola CA 95010 (831)247-811

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08/12/2016 By Troy S Welch Jr  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/12/2016 By Edward A Bottorff  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Ed Bottorff for City Council 2016

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee  COUNTY Committee  STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.